Name In Full: Rolph Blades

Certificate of Death

Died at: Town: Millburn Wharf County: Worcester MARYLAND

Date 1899 Month: June Day: 12 | Age Y. 4 M. D. | Native of: Maryland | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Ira Blades

Mother's Name: Ella Blades

Cause of Death: Primary: Heart leg and Immediate: inflamation set in

How long sick: 3 days

Accident, Suicide, Homicide

Reported by: Stevenson & Bro

Address: Pocomoke city Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 79898

Attended by Dr. John A. Adelbert

of Snowhill

Seen by Coroner Md

of

Information contained in this certificate received

from

of

Name In Full

Miss Gertrude M. Brittingham

Certificate of Death

Died at near Cedartown Town Wor. County MARYLAND

Date 1899 Month June Day 4 | Age Y. 25 M. D. | Native of Md | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Ephraim Brittingham

Mother's Name

Cause of Death: Primary 396

Immediate Spotted fever

How long sick Two weeks

~~Accident, Suicide, Homicide~~

Reported by Burbage & Conner Undertakers

Address Snow Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Information received from
Ephraim Billingham
Cedartown
Md
attending Md.
Dr. Paul Torrence
Snow Hill
Md.

Name in Full | Certificate of Death

Benjamin Curmean

Died at Town: Snow Hill | County: Worcester | MARYLAND

Date 1899 | Month: 6 | Day: 23 | Age Y. 83 M. 10 D. 12 | Native of: Delaware | Occupation: Magistrate

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | Widower | Number of children living 6

Husband ~~Wife~~ of Priscilla Curmean

Father's Name James Curmean | Mother's Name Nancy Curmean

Cause of Death: Primary Senile debility | 141 | How long sick 6 months

Immediate Heart failure | ~~Accident, Suicide, Homicide~~

Reported by C P. Jones M.D.

Address Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Ebr Grey

Certificate of Death

Died at Town Parkertown County Worcester MARYLAND

Date 189 9 Month 6 Day 10 Age Y. About M. 75 D. Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~ 1

Husband of Wife Emma Grey

Father's Name Unknown Mother's Name Unknown

Cause of Death Primary Kicked by Mule 145 How long sick One week

Immediate Internal Injury Accident, ~~Suicide~~, ~~Homicide~~

Reported by Geo Massey

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. R. P. Collins

of Bishopville

A. D. J. E. Winn

of Berlin

Information contained in this certificate received from Emma Gray

of Parkertown

Md

Name in Full — Certificate of Death

Died at — Town: Snow Hill — County: Worcester — MARYLAND

Date 189 9 — Month: 6 - Day: 17 — Age: Y. 4 M. 2 D. 0 — Native of: Snow Hill — Occupation:

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children living~~

Husband of / Wife

Father's Name: Wm. A. Jones — Mother's Name:

Cause of Death — Primary: Cholera Infantum — How long sick: 2 d

Immediate: — Accident, Suicide, Homicide:

Reported by: Snow Hill Advocate

Address: 6-24

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7988R

Name in Full

Certificate of Death

William J. Jones

Died at Town Worcester Co. County MARYLAND

Date 1899 Month June Day 1st Age Y. 70 M. 6 D. Native of Worcester Co. Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~ Two

Husband ~~Wife~~ of Priscilla Jones

Father's Name James Jones Mother's Name Mariah

Cause of Death Primary Dont know 22 about 18 mos. How long sick

Immediate supposed to be consumption ~~Accident, Suicide, Homicide~~

Reported by Geo. C. Hill

Address Salisbury Md. No Doctor

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name In Full John W McKee

Certificate of Death

Died at Town Near Snow Hill County Wor. MARYLAND

Date 1899 Month June Day 13 Age Y. 71 M. 10 D. 20 Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living Two

Husband ~~Wife~~ of Emeline McKee

Father's Name Stephen McKee Mother's Name Esther McKee

Cause of Death Primary 44 How long sick About 3 yrs

Immediate Paralysis Accident, Suicide, Homicide

Reported by Burbage & Conner Undertakers

Address Snow Hill Md.

Must be signed by physician, if any in attendance, otherwise by coron[illegible], undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Information need from
Mrs Jno. W. McGee
Snow Hill Md

Dr Wm Straughn
attending md.

Name In Full Marian, A. Payne

Certificate of Death

Died at Town Stockton, County Worcester, MARYLAND

Date 1899 Month 7, Day 20 | Age Y. 69. M. 6. D. 5 | Native of Md | Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living One

Husband of Wife J. J. Payne

Father's Name Daniel Hancock Mother's Name Abeline Hancock

Cause of Death Primary Chronic Nephritis 97 How long sick About 4, months

Immediate Dilitation of Heart. ~~Accident~~, Sui~~cide~~, H~~omicide~~

Reported by C. H. Bennett M.D.

Address Gridlitree Worcester, Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name In Full Lizzie Warren child

Certificate of Death

Died at Town Berlin County Worcester MARYLAND

Date 189 Month June Day 8 | Age Y. 1 M. 12 D. | Native of Maryland | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 1

Husband of Wife none

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick three days or week

Immediate | ~~Accident, Suicide, Homicide~~

Reported by Leuhi J Evans undertaker

Address Berlin md

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 70668

Attended by Dr. no Dr's in attendance

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from Geo A Warren

of .....

Name In Full George Workman Workman

Certificate of Death

Town Berlin County Worcester MARYLAND

Died at

Month	Day	Y.	M.	D.	Native of	Occupation
6-	28				Berlin Md	

Date 1899 Age

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 4

Husband ~~Wife~~ of Eliza Workman

Father's Name Jesse Workman Mother's Name Workman

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick 1 Year

Immediate: Exhaustion 22a — Accident, Suicide, Homicide

Reported by Edwin J Dirickson M.D.

Address Berlin Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868

Attended by Dr. E. J. Dickerson

of Berlin Md

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....